

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)

Policy No. _____ Company _____
☐ Certified copy is hereby furnished.
☐ Certified copy is filed with the county building inspection department.

Date _____ Applicant _____
CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE
 (This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation laws.

Date _____ Applicant _____
NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number _____ Lic. Class _____

Contractor _____ Date _____

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

Date: _____

Signature _____

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason: (Section 7031.5, Business and Professions Code):

☒ I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code).

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code).

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

Aurora Garcia 12588
 Signature of Applicant or Agent _____ Date _____

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN					BUILDING ADDRESS	
BUILDING ADDRESS <u>365 S FRAZER AV.</u>					<u>365 S. Fraser</u>	
CITY <u>L.A. CAL</u> ZIP <u>90022</u>					LOCALITY <u>ELA</u>	
NO. OF BLDGS. NOW ON LOT					NEAREST CROSS ST. <u>3rd St.</u>	
SIZE OF LOT					ASSESSOR MAP BOOK	
TRACT <u>7659</u> BLOCK _____ LOT NO. <u>100</u>					PAGE _____ PARCEL _____	
OWNER <u>AURORA GARCIA</u> TEL. <u>213 2618970</u>					USE ZONE <u>R-3</u> MAP NO. <u>3218</u>	
ADDRESS <u>365 S. FRAZER AVE</u>					SPECIAL CONDITIONS	
CITY <u>L.A. CAL</u> ZIP <u>90022</u>					DISTRICT <u>6</u> GROUP <u>R3</u> TYPE CONST. <u>II</u> FIRE ZONE <u>EB</u> PROCESSED BY <u>EB</u>	
ARCHITECT OR ENGINEER _____ TEL. NO. _____					STATISTICAL CLASSIFICATION	
ADDRESS _____ TEL. NO. _____					CLASS NO. _____ DWELL UNITS _____	
CONTRACTOR _____ TEL. NO. _____					SEWER MAP	
ADDRESS _____ LIC. NO. _____					BK. _____ PG. _____	
CITY _____ LIC. CLASS _____					VALUATION	
SQ. FT. SIZE _____ NO. OF STORIES _____ NO. OF FAMILIES _____ CHECK ONE					NEW <input type="checkbox"/> ADD <input checked="" type="checkbox"/> ALTER <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOL <input type="checkbox"/>	
DESCRIPTION OF WORK <u>NEW ROOF from flat to shingle</u>					VALUATION \$ <u>10,000</u>	
USE OF EXISTING BLDG. _____					FINAL DATE <u>1/2/88</u>	
APPLICANT (PRINT) <u>JESUS MONSALVO</u> TEL. <u>213 7250635</u>					FINAL By <u>[Signature]</u>	
ADDRESS <u>114 BLUFF RD. MONTEBELLO</u>						
PRESENT BUILDING ADDRESS _____						
LOCALITY _____						
MOVING CONTRACTOR _____ TEL. NO. _____						
ADDRESS _____						
REQUIRED SET BACK						
FRONT P.L. _____						
SIDE P.L. _____						
TOTAL SETBACK FROM PROP. LINE _____						
EXIST. WIDTH _____						
P.E. Fee \$ _____					LDMA Ref. # _____	
Permit Fee <u>76.25</u>					LDMA P/C # _____	
Investigation Fee _____					LDMA Perm. # _____	
Issuance Fee <u>10.50</u>						
Total Fee <u>86.75</u>						

INSPECTOR COPY

VALIDATION

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0125-88

SEE REVERSE FOR EXPLANATORY LANGUAGE

